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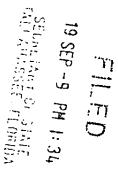
(Requestor's Name)	_
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COVER LETTER

TO:	Registrati Division o	n Section Corporations	
cuni		TMED, LLC	
SUBJ	JECT:	Name of Limited Liability Company	
The e	nclosed Artic	es of Amendment and fee(s) are submitted for filing.	
Please	e return all co	respondence concerning this matter to the following:	
		SUSAN ST. JOHN	
		Name of Person THE FLORIDA HEALTH CARE LAW FIRM	
		Firm/Company 909 S.E. 5TH AVENUE SUITE 200	
		Address DELRAY BEACH, FLORIDA 33483	
		City/State and Zip Code SUSAN@FLORIDAHEALTHCARELAWFIRM.COM	
		E-mail address: (to be used for future annual report notification)	
For fi	irther informa	on concerning this matter, please call:	
SUSA	AN ST. JOHN	me of Person Area Code Daytime Telephone Number	_
	•	The Code Dayline releptione relations	
Enclo	sed is a check	for the following amount:	
■ \$3	25.00 Filing F	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certificate of S Certified Copy (additional copy is	Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMAKTMED, ELC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our rec da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L19000199499	Company were filed on <u>08/06/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	3. S
		- F 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		`
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Agent:		rds, enter the name of the
New Registered Office Address:		
ren registeret Office Audiess.	Enter Florida street add	Iress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMDD	MICHAEL HIRSCH, DC	REMOVE	
AMBR			
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc beament's effective date on the Dep	e specific and cannot k does not meet the	e applicable				filing.) Pi		
record specifies a delayed The 90th day after the reco	effective date, led is filed.	but not a	n effectiv	e time, at	12:01 a	.m. on	the e	arlier
SEPTEMBER 4	. 201	9						
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Filing Fee: \$25.00